IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

			•		J 11.0	(12121)		OL			
In re application of:					Art Unit:		2629				
Xuanming Shi					Evan	Examiner: Chowdhury, Afroza Y.					
Serial No: 10/500,479 Confirmation No.: 4490						Examiner. Chowdidity, Alloza 1.					
Filed: March 25, 2005							Lhereh	, certify that	thie cor	respondence	
For: AN ELECTRONIC WHITEBOARD HAVING FLEXIBLE						I hereby certify that this correspondence is being transmitted via electronic filing to: Mail Stop Amendment					
MEMBRANE ELECTROMAGNETIC INDUCTION											
GENERATING DEVICE						Commissioner for Patents P.O. Box 1450					
Mail Stop Amendment						Alexandria, VA 22313-1450					
Commissioner for Patents						April 25, 2008 Date of Deposit					
P.O. Box 1450 Alexandria, VA 22313-1450						Vivian Gut ierrez					
							Mami		Lallo		
Dear Sir: Julius 104/25/2008 Signature Date											
Transmitted herewith is an Amendment for the above-identified application:											
The fee has been calculated as shown below:											
	(Col. 1) CLAIMS REMAINING			(Col. 2) HIGHEST NUMBE			ol. 3) SENT	LG/SM		ADD'L	
		AFTER AMENDMENT		PREVIOUSLY PAID			TRA*	\$ ENTITY		FEE DUE	
TOTAL	CLAIMS FEE	6	-		**			LG=\$50 SM=\$25	\$	\$	
	PENDENT IMS FEE	1	-		***			LG=\$210 SM=\$105	\$	\$	
FIRST P	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$37 SMALL ENTITY FEE = \$18									\$	
ADDITIO	ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS									\$	
TOTAL									\$		
 If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed. 											
A check in the amount of \$ to cover the additional claims fee is enclosed. A copy of this sheet is											
enclosed.											
Please charge our Deposit Account No. 50-1314 in the amount of \$ to cover a one-month extension fee. A copy of this sheet is enclosed.											
The Commissioner is hereby authorized to charge any deficiencies of fees associated with this											
communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is											
enclosed. Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims											
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims Any patent application processing fees under 37 C.F.R. § 1.17 											
Respectfully submitted,											
HOGA					N & HARTSON L.L.P.						
Dated: April 25, 2008					<i>X</i>					 .	
1999 Avenue of the Stars, Suite 1400					an-Yi L distratio	in on No. I	0061				
Los Angeles, California 90067						or Appli					
	ne: (310) 7 e: (310) 78										